

# Position Description

Read each heading carefully before proceeding. Make statements simple, brief, and complete. Be certain the form is signed. Send the original to the Office of Personnel Services.

CHECK ONE: ☐ NEW POSITION ☒ EXISTING POSITION

## Part 1 - Items 1 through 12 to be completed by department head or personnel office.

1. Agency Name Department for Children and Families		9. Position No. K0061413	10. Budget Program Number 23342		Agency Number
2. Employee Name (leave blank if position vacant)			11. Present Class Title (if existing position) Program Consultant I		
3. Division Family Services			12. Proposed Class Title		
4. Section Prevention and Protection Services	For  Use  By  Personnel  Office	13. Allocation			
5. Unit Foster Care – Adoption		14. Effective Date			
6. Location (address where employee works)		15. By	Approved		
City County		16. Audit Date: By: Date: By:			
7. (circle appropriate time) Full time Perm Inter. Part time Temp. %	17. Audit Date: By: Date: By:			Position Number	
8. Regular hours of work: (circle appropriate time) FROM: 8:00 AM/PM To: 5:00 AM/PM					

## PART II – To be completed by department head, personnel office or supervisor of the position.

18. If this is a request to reallocate a position, briefly describe the reorganization, reassignment of work, new function added by law or other factors which changed the duties and responsibilities of the position:

As a result of the PPS Regional Re-Organization, the duties of this position will perform the Program Consultant I Adoption Specialist tasks and duties.

19. Who is the supervisor of this position? (person who assigns work, gives directions, answers questions and is directly in charge)?

**Name**

**Title**

**Position Number**

**Melissa Petesch**

**Social Worker Supervisor**

**K0225516**

Who evaluates the work of an incumbent in this position?

**Name**

**Title**

**Position Number**

**Melissa Petesch**

**Social Worker Supervisor**

**K0225516**

20. a) How much latitude is allowed employee in completing the work? b) What kinds of instructions, methods and guidelines are given to the employee in this position to help do the work? c) State how and in what detail assignments are made.

Considerable latitude is given in completing work. Assignments are given in broad parameters. Employee is expected to recognize potential problems and propose recommendations for solutions to identified issues.

21. Describe the work of this position using the page or one additional page only. (Use the following format for describing job duties):

**What** is the action being done (use an action verb); to **whom** or **what** is the action directed (object of action); **why** is the action being done (be brief); **how** is the action being done (be brief). For each task state: Who reviews it? How often? What is it reviewed for?

**Number Each Task and Indicate Percent of Time and Identity each function as essential or marginal by placing an E or M next to the % of time for each task.** Essential functions are the primary job duties for which the position was created and that an employee must be able to perform, with or without reasonable accommodation. A marginal function is a peripheral, incident of minimal part of the position.

No. Each Task and Indicate Percent of Time	E or M	
		This position has regional responsibility for the adoption program, is the regional adoption specialist, and is available to all staff and the community to offer information and services in the adoption arena. This position reviews all adoption assistance referrals from the community provider for compliance to policy and law, alerts administration to potential problems and concerns, negotiates agreements with prospective adoptive parents; and receives all requests for renegotiations from adoptive parents. The work includes assisting private agencies to facilitate private and nonprofit agency adoptions when youth are eligible for adoption assistance. This employee works closely with the Regional Foster Care Liaisons and attends Best Interest Staffings. This position works closely with the Regional Financial Unit and the regional staff attorneys to ensure compliance with all Federal and State laws and policies.
1. 40%	E	The Adoption Specialist serves as the contact for the Child Welfare Provider. Gathers and reviews all Parental Right Termination journal entries and relinquishment packets. Works with the Child Welfare Provider in gathering complete packets and routes packets to DCF Legal for review and approval. The Adoption Specialist is available to DCF staff, community providers, adoptive parents and the general community to provide information and services regarding adoption and adoption assistance in the Region. Coordinates with the Foster Care Liaison and attends Best Interest Staffings. Reviews Consent to Adopt packets, assures completeness and accuracy, and routes to regional attorney and administration for approval.
2. 30%	E	Completes negotiations for adoption assistance for all adoption cases in the Region. Analyzes the need and eligibility for adoption assistance, negotiates the amount of the subsidy payment and terms of the adoption assistance agreement with adoptive parents, and authorizes the adoption assistance. DCF signatory for adoption placement agreements and adoption assistance agreements. Renegotiates the adoption assistance agreement based on the changing needs of the child and authorizes changes in the agreement according to policy. Gathers and prepares information regarding adoption assistance exceptions, reviews information with the Regional Foster Care Program Administer and central office program manager. Assists adoptive families with locating service providers/resources as needed.
3. 15%	E	Manages and reviews all Request to Consent to Adoption packets. Ensures the packets are complete and routes to DCF Legal for review. Prepares Consent to Adoption form for the signature of the Regional Director. Receives and reviews aftercare contact agreements and monthly reports for cases where permanency is achieved through adoption.
4. 15%	E	Makes recommendations for changes in policy, protocol, and procedure in order to improve the adoption assistance program. Alerts administration when politically sensitive issues arise or other concerns and makes recommendations for problem resolution and/or process improvement.

- 
22. a. If work involves leadership, supervisory, or management responsibilities, check the statement which best describes the position:
- ( ) Lead worker assigns, trains, schedules, oversees, or reviews work of others.
  - ( ) Plans, staffs, evaluates, and directs work of employees of a work unit.
  - ( ) Delegates authority to carry out work of a unit to subordinate supervisors or managers.

- b. List the names, class titles, and position numbers of all persons who are supervised directly by employee on this position.

Name	Title	Position Number
------	-------	-----------------

- 
23. Which statement best describes the results of error in action or decision of this employee?

- ( ) Minimal property damage, minor injury, minor disruption of the flow of work.
- ( ) Moderate loss of time, injury, damage or adverse impact on healthy and welfare of others.
- (X) Major program failure, major property loss, or serious injury or incapacitation.
- ( ) Loss of life, disruption of operations of a major agency.

Please give examples.

Failure to complete essential functions can result in potential loss of Federal funds and wasteful expenditures of tax dollars as well as Federal or state sanctions and failure to meet the mandates of DCF

- 
24. For what purpose, with whom and how frequently are contacts made with the public, other employees or officials?

This position has daily contact with agency customers, agency employees, other social service agencies, contracted agencies, community partners, government officials and the general public for the purpose of disseminating information as well as planning, managing and coordinating the delivery of services. This position requires travel within the assigned Region.

- 
25. What hazards, risks or discomforts exist on the job or in the work environment?

The work environment involves minimal hazards, risks or discomforts. The employee may be required to perform activities that require light moving of items (case files, etc) and extended periods of time using the computer. Some stress may be involved in meeting deadlines and receiving complaints from DCF staff, consumers, contractors and the community, and vehicle to travel for business is required.

- 
26. List machines or equipment used regularly in the work of this position. Indicate the frequency with which they are used:

Phone, PC, fax machine, copy machine are used on a daily basis. Also uses computer software such as Microsoft Office on a daily basis. Accesses mainframe systems such as FACTS, KAECSSES, etc. on a daily basis. Motor vehicle used for travel..

---

---

**PART III - To be completed by the department head or personnel office**

---

27. List the minimum amounts of education and experience which you believe to be necessary for an employee to begin employment in this position.

Education - General

---

Education or Training - special or professional

---

Licenses, certificates and registrations

---

Special knowledge, skills and abilities

---

Experience - length in years and kind

Six months of experience in planning, implementing and monitoring activities relevant to the agency's programs. Education may be substituted for experience as determined relevant by the agency.

---

**28. SPECIAL QUALIFICATIONS**

State any additional qualifications for this position that are necessary either as a physical requirement of an incumbent on the job, a necessary special requirement, a bona fide occupational qualification (BFOQ) or other requirement that does not contradict the education and experience statement on the class specification. A special requirement must be listed here in order to obtain selective certification.

Bachelor of Social Work degree

Valid Driver's License

---

Signature of Employee

Date

---

Signature of Personnel Official

Date

**Approved:**

---

Signature of Supervisor

Date

---

Signature of Agency Head or  
Appointing Authority

Date